



## Kansas Propane Safety and Licensing

### Class 8 – Installation & Service of LPG Systems \$20 Per Individual

Permits the holder to install and service LP gas systems, appliances and other LP gas equipment on homes or mobile homes

Name of Applicant:		Social Security Number:	
Full Company Name: (include DBA)			
Business Street Address: Street/City/State/Zip			
Business Mailing Address: (if different from above)			
Business Telephone:	(    )	Federal ID Number:	

Insurance Company Name:			
Policy Number		Expiration Date:	

Do you hold a current Kansas mechanical license?

If yes, license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Complete this section if you work for a Kansas Class 1 License Holder (propane dealer):**

Do you work out of a different location or address than is listed above? Yes ☐ No ☐

If yes, list location, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you drive an LP Gas bobtail, transport, or cylinder delivery truck? Yes ☐ No ☐

Did you attend the safety school required by Kansas law? Yes ☐ No ☐

**A license will not be issued unless all above questions are answered.**

DO NOT WRITE IN SPACE BELOW							
License No.		Expiration Date:		Date Issued:		Processed by:	

*Read and initial the following:*

	I have read the Kansas statutes and rules that regulate this license and will abide by them.
	I understand that ALL employees have been trained to current NFPA 58, NFPA 54 CETP standards and have proof of training.
	I understand that this license does not allow the holder to install or service LP Gas alternative fuel systems (carburetion).
	I understand that this license does not allow the holder to sell LP Gas or LP Gas appliances or equipment.

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Kansas State Fire Marshal or K.S.A. \_\_\_\_\_ shall be cause for suspension or revocation of the license held.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Kansas State Fire Marshal's Office  
700 SW Jackson St, Suite 600  
Topeka KS 66603-3714

Phone: (785) 296-3401  
Fax: (785) 296-0151

*Include check payable to:* Kansas State Fire Marshal's Office

(Note: This app needs to include training requirement verification.)